

Quality Payment Program Resources from ACP

Overview

Finalized in October 2016, the Quality Payment Program (QPP) was created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), officially replacing the old Sustainable Growth Rate system. The new QPP transforms Medicare physician compensation—away from fee-for-service billing and toward payment based on value.

Understanding QPP is crucial for clinicians who participate in Medicare Part B. Clinicians and practices with **≤ \$90,000 in allowed charges OR ≤ 200 Part B patients are excluded** from QPP. In addition, clinicians in their first year of participation in Medicare are excluded.

Payment Options: MIPS vs APMs

MIPS—Merit-Based Incentive Payment System consolidates existing quality programs to achieve a weighted composite performance score made up of Quality, Advancing Care Information* (ACI), Improvement Activities (IA), and Cost.

2018 (affecting payment in 2020)



APMs—Alternative Payment Models provide programs for physicians to participate that incentivize quality and value and include Medicare Shared Savings Programs (MSSP) and CMS Innovation Center models that are not Health Care Innovations Award recipients.

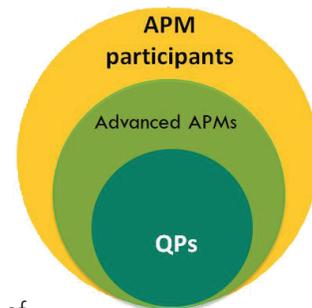
The majority of physicians will fall under MIPS, even those who participate in APMs. APM participation will generally result in a favorable performance score in the MIPS Improvement Activities category.

*Previously known as Meaningful Use



Qualifying APM Participants

A small group of clinicians who participate in Advanced APMs in 2018 will be Qualifying APM Participants (QPs) and will earn a 5% incentive payment in 2020. To be a QP in an Advanced APM an Eligible Clinician must receive at least 25% of Medicare Part B payments or see at least 20% of Medicare patients through the Advanced APM.



Some Advanced APMs include:

- CPC+
- Medicare Shared Savings Program Tracks 1+, 2, and 3
- Next Gen Accountable Care Organization
- Oncology Care Model (OCM)-Two-Sided Risk

For more information, visit www.acponline.org/qpp.



2018 MIPS Scoring Summary

Quality = 50%

Advancing Care Information (ACI) = 25%
(With hardship this can be 0% and Quality would increase to 75% of total score)

Improvement Activities (IA) = 15%

Cost = 10%

Requirements:

- Must score 15 points across all categories to remain neutral
- Must report 60% of all patients across all payers for any given quality measure (some exceptions apply)
- Must report Quality on full year (ACI and IA are only 90 days)
- Can still use 2014 or 2015 CEHRT, but can earn bonus points if using 2015 CEHRT
- For groups, only 1 MIPS eligible clinician in the TIN has to do an IA to get credit
- PCMH/PCSP gets automatic full credit for Improvement Activities (and at least 50% of sites in the TIN are PCMH/PCSP)

Bonus Points for:

- Complex patients: Clinicians and groups can earn up to 5 bonus points based on complexity of their patient population (based on a combination of Hierarchical Condition Categories (HCCs) and the number of dual eligibles treated)
- Reporting extra outcome measures
- In ACI, bonus points for using QCDR or extra registries
- Improvement in Cost or Quality over 2017 performance
- Earn 70 points to be eligible for "exceptional performance" bonus
- Use of CEHRT for certain IAs

Small Practice Flexibilities:

Small practices (≤15 clinicians) enjoy additional benefits to ease participation including:

- Adding 5 bonus points to their final score as long as they submit data in at least one performance category
- Improvement Activity points doubled
- Automatic 3 points for quality measures that don't have a benchmark or don't meet the data completeness requirements
- Can submit for hardship exception for ACI category (and re-weight to Quality)
- Free help available for clinicians in small or rural practices as well as medically underserved areas

ACP tools and resources help navigate the changing requirements

ACP is committed to providing the latest information on MACRA and the QPP, including a Top Ten action list and Frequently Asked Question online page. In addition, ACP can connect you to helpful tools, resources, and programs that are focused on helping practices improve their quality and value.



ACP Quality Payment Advisor

The ACP Quality Payment Advisor®, a free tool for ACP members, helps clinicians successfully participate in the new Quality Payment Program. This tool utilizes an electronic algorithm as well as practice characteristics, quality measurement experience, and quality improvement activities, to create a practice readiness assessment report. The report helps practices determine the best path to take—Merit-Based Incentive Payment System (MIPS) or Alternative Payment Model (APM).

ACP Members receive free access at www.qualitypaymentadvisor.com.

ACP Practice Advisor

Helps practices improve quality of care, reduce costs, and transition from volume-based to value-based, patient-centered care through web-based interactive modules.

New Modules helpful in implementing quality measures or improvement activities that satisfy the QPP requirements include:

- Patient and Family Engagement
- Collaborative Medication Management
- Improve Patient Access
- Avoid Unnecessary Testing
- Practical Advice for Advance Care Planning

In addition, ACP Practice Advisor® can help your practice become a Patient-Centered Medical Home (PCMH). As a PCMH, the activities you perform may help you become a Qualifying APM Participant and earn a 5% incentive payment.

Learn more and access select free modules at PracticeAdvisor.org.

ACP Genesis Registry®

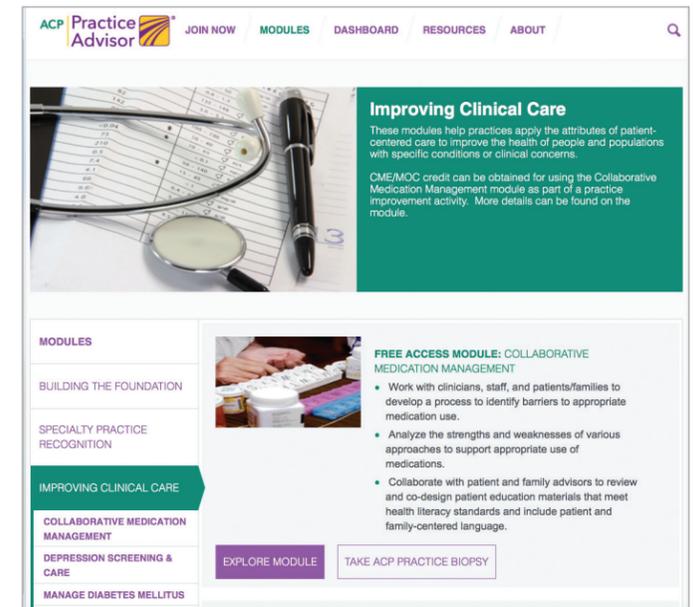
Approved by CMS as a Qualified Clinical Data Registry (QCDR), the Genesis Registry provides a seamless method to collect quality measure data directly from your EHR* and automatically submits reports which help you meet the QPP requirements for the Quality, Advancing Care Information, and Improvement Activities portions of the MIPS score. ACP members can participate in the Genesis Registry at a discounted price.

*EHR vendors supported include: Allscripts, Aprima, AthenaHealth, Greenway, NextGen, Quest Diagnostics/Care360, and STI/Chartmaker.

For more information, visit www.medconcert.com/genesis and click the "Contact us" button.

Online, Interactive High Value Care (HVC) Cases and Toolkit

These interactive HVC cases provide guidance on minimizing unnecessary health costs and improving patient outcomes. In addition, you can earn free CME credit and ABIM MOC points. ACP has also developed a HVC Coordination Curriculum and Toolkit that provides resources to facilitate more effective and patient-centered communication between primary care and subspecialist doctors. Incorporating these HVC principles into your practice helps you meet the quality portion of the MIPS score.



The Physician & Practice Timeline

A helpful tool that tracks important dates and deadlines related to regulatory, payment, and delivery system changes and requirements.

Sign up for triggered text alerts to keep updated on important deadlines. Just text [ACPTimeline](text:ACPTimeline) (no space) to 313131.

Learn more at www.acponline.org/practicetimeline.

Transforming Clinical Practice Initiative (TCPi)

TCPi is a CMS-funded program to help practices transition toward value-based care in line with the new QPP requirements. Clinicians receive free technical support and resources focused on process and quality improvement. As a grantee under TCPI, ACP can help you find the information and tools you need to prosper under this new payment model.

For more information or assistance, contact SAN@acponline.org.

Top Ten Ways to Maximize Success in the 2018 Quality Payment Program

1. Learn about the Medicare Quality Payment Program (QPP), including the two major pathways of the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs), from ACP.
2. Check your participation status at <https://qpp.cms.gov/>.
3. Use **ACP's Quality Payment Advisor**[®] a free ACP member benefit, to determine the best options for you and your practice.
4. Implement a formal quality improvement process to maximize your reported MIPS measures. Ensure that your care adheres to accepted clinical guidelines.
5. Review your QPP performance feedback report for accuracy and to understand your practice compared to benchmarks. Contact CMS if there are problems.
6. Review the list of available Advanced APMs for 2018 to determine if you are or could become a qualifying participant who would receive a 5% lump sum incentive payment. Use the qualifying APM participant (QP) look-up tool at <https://data.cms.gov/qpllookup>.
7. Understand the principles of the Patient-Centered Medical Home and begin implementing them in your practice. The **ACP Practice Advisor**[®] tool can help.
8. Participate in a "medical neighborhood" and provide care coordination to reduce unnecessary office visits and testing. **The ACP High Value Care Coordination (HVCC) Toolkit** is a helpful resource.
9. Empanel and risk-stratify your patient population. Implement chronic care management for those at high risk for hospitalization or ER visits. The **ACP Practice Advisor**[®] tool has modules that can assist with this activity.
10. Become educated on ACP's High Value Care recommendations and implement them in your practice to prevent unnecessary testing and procedures.

For more information, visit www.acponline.org/qpp.

